811112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIT

(Business Entity Name)

(Document Number)

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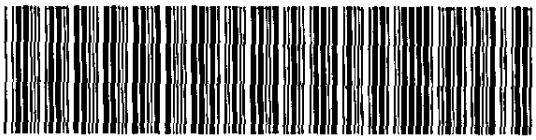

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05 NOV -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIC Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Time Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: 811112

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Megan M. O'Halloran
(Name of Contact Person)

Time Insurance Company
(Firm/Company)

501 West Michigan Street
(Address)

Milwaukee, WI 53203
(City/State and Zip Code)

For further information concerning this matter, please call:

Megan M. O'Halloran (Name of Contact Person) at (414) 299-8963 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35.00 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☑ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 11, 2005

MEGAN M. O' HALLORAN
% FORTIS INSURANCE COMPANY
501 WEST MICHIGAN STREET
MILWAUKEE, WI 53203

SUBJECT: FORTIS INSURANCE COMPANY
Ref. Number: 811112

We have received your document for FORTIS INSURANCE COMPANY and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 405A00061860

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

811112

(Document number of corporation (if known)

1. Fortis Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Wisconsin
(Incorporated under laws of)

3. June 26, 1956
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? September, 6, 2005

5. Time Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

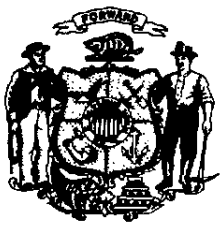
N/A
(New jurisdiction)

FILED
05 NOV -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Christina R. Palme-Krizak
(Typed or printed name of person signing)

Sr. VP, General Counsel & Secretary
(Title of person signing)



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

for Time Insurance Company (formerly known as Fortis Insurance Company)

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 6th day of September, 2005.

Commissioner of Insurance

Certificate of Authority
State of Wisconsin

Office of the Commissioner of Insurance

Certificate No.: 10996
Date Issued: 09/06/2005
License Chapter: 611 Wis. Stat.

This is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Time Insurance Company

Wisconsin

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

1A Life insurance and annuities (Non participating)
1C Disability insurance

Subject to the following limitations:
NONE

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Commissioner of Insurance

OCI 23-091 (R 11/2003)